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Attorney for Plaintiffs

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF ALASKA AT FAIRBANKS

ROBERT PROBERT and LORETTA E.	
PROBERT, and others similarly situated,	
)	
Plaintiffs,)	
)	
vs.	
FAMILY CENTERED SERVICES OF)	
ALASKA, INC. and DOES I to X, (Managerial)	
Employees Jointly Liable)	
Defendants.)	
<u></u>	Case No. 4:07-cv-00030-RRB

DECLARATION BY ROBERT PROBERT

- I, ROBERT PROBERT, declare and state that:
- I am an adult resident of the State of Alaska, fully competent to testify and I testify about the following facts upon my personal knowledge.
- I was employed as a "houseparent" by Defendant, Family Centered
 Services of Alaska, Inc. (hereafter FCSA).

Probert v. FCSA, Robert Probert Declaration Case No. 4:07-cv-00030-RRB Page 1 of 5 Medicaid payments. We filled out the med / billing notes from which the billing to Medicaid was derived. There was a Quality Assurance program to be certain our med notes would qualify for Medicaid reimbursement. We also knew which child had personal insurance because the procedure for picking up medications differed. When picking up medications we could tell if it was Medicaid paid. It was strongly emphasized that we needed to bill in accordance with Medicaid requirements so that

3) FCSA received more than 50% of its income from this service, to wit,

the FCSA could get paid. In order for the child to receive his or her medications, he

or she, needed a Medicaid sticker. Unless they came in the mail, I picked up these

stickers at the State Building and almost all clients had Medicaid stickers. We also

were continuously reminded that certain actions were covered by Medicaid and

certain other actions were not. We were expected to differentiate these actions in

the notes and instructed to maximize the billing to Medicaid whenever possible. The

2005 Annual Report demonstrates this at page 15 where it says that 66% of the

revenues came from Medicaid. (2005 Annual Report, p.15, Exh.1).

4) The individual residents were either referred by a psychiatrist, psychologist, or physician or seen for evaluation by one of these classes of people, shortly after their arrival. Often the child would have been referred by North Star Behavioral Center in Anchorage. These are lockdown psychiatric hospitals where all the patients are being treated by a full battery of psychotherapists, including psychiatrists and psychologists. I could tell this because these providers' notes were included in the medical record that I was expected to familiarize myself with as part

of my job caring for the children referred. When occasionally the child came without such a referral our battery of psychological professionals, including clinicians who might or might not be psychologists, a psychologist, a psychologist, a psychologist, and a medical doctor would examine and test the new entry shortly after arrival and jointly reach a conclusion about the care and procedures to apply to benefit the patient's medical and physiological conditions, to wit, mental illnesses or emotional disturbances, however you want to say it. I have examined the 2005 Annual Report and find on page 15 a pie chart indicating that 66% of the FCSA revenue came from Medicaid. (2005 Annual Report at 15, Exhibit 2)

evaluated them, and not a psychiatrist, psychologist or physician. What qualifications does the "clinician" have? Typically a clinician was a psychologist or a Licensed Clinical Social Worker. The team relied heavily on the transferred medical records and psychological history as provided by the institution where the child was placed before being accepted at FCSA. I know this because I was expected to read these medical and psychological records. The treatment team is composed of the coordinator, guardian ad litem, at least one biological parent if available, house parents, the clinician (psychologist or Licensed Clinical Social Worker), psychiatrist and a psychologist who would provide information to the treatment team. Consequently, the former treating psychologist and/or psychiatrist at the former treating institution were the usual routes of referral and evaluation. In the event that the referral was not from a psychiatric institution our treatment team

reviewed all available medical and psychiatric material available. That team

included a psychiatrist and an outside psychologist to advise the team. I know these

things because I was part of the team and expected to be intimately familiar with the

history of the client as reflected in the materials gathered or created on site.

6) Some of the residents were Alaska children transferred from non-

Alaskan institutions. When I worked on the ATOP program I escorted a client to

the Colorado Boys Ranch. That patient eventually returned to Alaska and became a

resident at the therapeutic family home run by FSCA. I saw him there.

7) The persons were all mentally ill. Many, or most of these children were

referred from an inpatient psychiatric hospital and have been assigned an AXIS I

clinical condition, or an AXIS II personality disorder. Most had multiple diagnoses.

The children have been classified as severely affected by the diagnosed mental

disorder and their functioning is severely impacted. I know this because I observed

the medical records of the patients as part of my duties and observed that the

children exhibited severe psychological dysfunction which was the reason they

were placed with us. We were the alternative to in-patient psychiatric

hospitalization for the child.

8) The primary reason FCSA exists is to care for SED children. One need

only examine the questionnaire given to some potential employees to see that SED

children were the focus of FCSA. (Grimes Questionnaire, Exh. 3) All of our clients

were SED. We were trained specifically to deal with SED children. We have read

the 2005 Annual Report where on page 9 it says that the Therapeutic Family Homes

Proberts v. FCSA, Case.No..447-cv-00080-RRB Robert Probert Declaration July, 2008 Page 4 of 5 Family Homes exist to provide care to children experiencing mental health and behavioral issues and are at imminent risk of psychiatric placement elsewhere. (2005 Annual Report at 9, Exhibit 4)

9) I often worked more than 40 hours a week at FCSA. (Exh. 5, example)

Declaration

I declare under penalty of perjury, under the laws of the United States of America, that the foregoing is true and correct.

Executed on July 27, 2008.

ANNUAL REPORT 2005

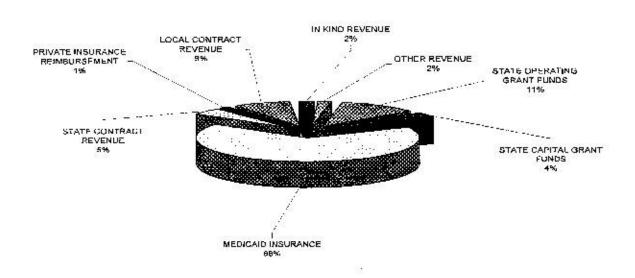
Family Centered Services of Alaska



Family Centered Services of Alaska 620 5th Avenue, 2nd Floor Fairbanks, AK 99701-4512 (907) 474-0890 cmassingill@familycenteredservices.com

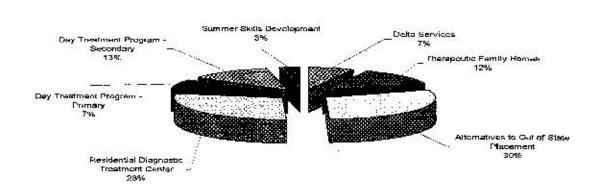
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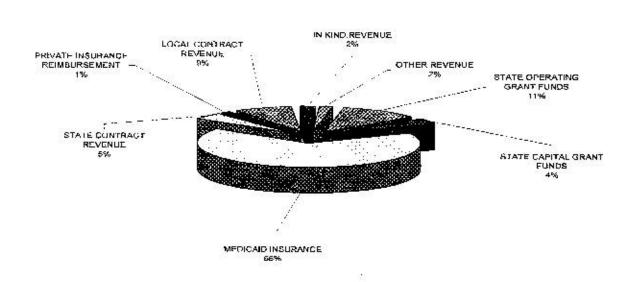
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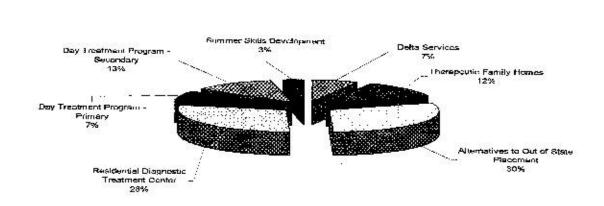
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Attorney for Defendant

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Defendant.))) Case No.: 4:07-CV-00030 RRB

FIRST SUPPLEMENT TO FAMILY CENTERED SERVICES OF ALASKA, INC'S CIVIL RULE 26 INITIAL DISCLOSURES

Family Centered Services of Alaska, Inc., by and through its attorneys of record, the law office of McConahy, Zimmerman & Wallace, hereby supplement their disclosures pursuant to the Federal Rule of Civil Procedure as follows:

B. Relevant Documents, Data Compilation and Tangible Things

Attached are copies of personnel files for Donna Grimes and John Grimes, Documents are bates numbered FCSOA-00359 through FCSOA-00419.

CONAHY, ZIMMERMAN & WALLACE ATTORNEYS AT LAW OFUSSIONAL CORPORATION GASFINEY ROAD, SUITE 202 FAIRBANKS, ALASKA 99701-4662 (907) 452-2211

Exhibit 8-3 page 1 of 3

Family Centered Services of Alaska

Therapeutic Family Home Interview Questions

Applicant Name(s): Dance & John Crimes	
Date: 9/28/0,	
Interviewers: Sea Dolla / Louis Hills	,

I). Please describe any education, training, work experience or volunteer work that you have relevant to this position.

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2). What interests you about this job?

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3). One of the responsibilities of the TFH Parent(s) is to implement a behavior management plan to assist client's in following the house rules. What behavior management plans/techniques have you used in the past?

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4). The position of the Therapeutic Parent(s) requires that you live on-sight with the clients. What challenges do you foresee residing with five SED youth?

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Family Centered Services of Alaska

Therapeutic Family Home Interview Questions

Tome interview Guestions
Applicant Name(s): John & Oonna Grimes Date: 9-78-05
Interviewers: Lonnie 5057AO
1). Please describe any education, training, work experience or volunteer work that you have relevant to this position. JONIOC COLLEGE I COMPTUTES
2). What interests you about this job?
) O

3). One of the responsibilities of the TFH Parent(s) is to implement a behavior management plan to assist client's in following the house rules. What behavior management plans/techniques have you used in the past?

4). The position of the Therapeutic Parent(s) requires that you live on-sight with the clients. What challenges do you foresee residing with five SED youth?

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The YESS schools are committed to educating the student as a whole person, accounting for who they are as an individual to foster success academically and beyond. YESS boasts an excellent student-teacher ratio that allows for necessary one-on-one attention not available to children and youth with high need levels in traditional educational institutions. By assisting students to work on behavioral goals and academic assignments, they are better equipped to return to and be successful in a less restrictive school environment. Alternatively, older students who have not been successful elsewhere work on their studies in an effort to graduate from high school and prepare themselves for life after public school.

YESS is proud to provide students with exciting and adventurous opportunities in which to foster personal growth that children in FCSA services would not typically be exposed to.

One example of the awesome opportunities afforded to FCSA clients through the YESS program, includes participating in W.I.L.D. About Denali, in which up to ten children and youth road-trip to Denali Park to experience the majestic Alaskan outdoors, complete with rafting, hiking, site-seeing and daily activities led by a Denali Foundation guide.

Summer Skills Development staff work with the younger students during the summer months to develop, practice and maintain social and life skills requisite to healthy academic, familial and peer relationships. The SSD program is progressively designed to help children maintain contact with a school-like setting during summer vacations while addressing behavioral goals and developing skills for a successful return to school. The daily activities are fun and engaging and each day presents new and exciting adventures both indoors and outdoors. Participation is voluntary and each child chooses the activities they wish to participate in from a prepublished calendar of activities, field trips, and events.

The Work Study Skills program strives to instill sound work ethic and solid vocational skills for young adults by providing them with an opportunity to work in a paid position complete with benefits and responsibilities. Being successful at a job has proven very therapeutic for student workers, providing them with a positive employment experience while boosting their self esteem and resume. Additionally, students who choose to complete the necessary coursework can earn one high school credit. This comprehensive program runs for a ten week period during the summer and has been so successful with students that there is typically a wait list for participants.

Therapeutic Family Home (TFH):

FCSA's Therapentic Family Homes provide quality residential care to male and female youth ages 12-18 that are experiencing mental health and behavioral issues and are at imminent risk of psychiatric placement outside of their community. The family atmosphere of the homes help children avoid the stigmatization that often accompanies youth living in an institutional setting. The homes are supervised by dedicated live-in parents who provide unconditional therapeutic care and supervision for up to five youth per home. FCSA currently operates one boy's home, one girl's home, and one boy's home for dual diagnosed youth, and is in the process of building